

FORM NO. 6 MARGIN RESERVED FOR FILING

WITH FAMILY, WHEN UPDATING IT. THIS IS A PERMANENT RECORD.
In case of twins or triplets use a SEPARATE BLANK for each child, and mark the

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville

Township of

or Inc. Town of

City of Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
15337

Registration District No. 22A Registered No. 182

(For use of Local Registrar)

St. 5th Ward

(2) Full Name of Child Samuel J. Suffer If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 3rd (6) Are Parents Married? yes (7) DATE OF BIRTH May 8 1915
(Name of Month) (Day) (Year)

FATHER MOTHER

(8) FULL NAME John Suffer (14) NAME BEFORE MARRIAGE Ida Paden

(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C. (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 31 (16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 30
(Years) (Years)

(12) BIRTHPLACE Richmond, Va. (18) BIRTHPLACE Greenville, S.C.

(13) OCCUPATION Carpenter (19) OCCUPATION Housekeeper

(20) Number of children born to mother, including present birth two (21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. B. Morrison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by parent)

(27) Filed May 11 1915 (28) C. Smith Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

REGISTRAR

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